

2007 Child and Dependent Care Expenses Credit**3506**

Attach to your California Form 540, 540A, or Long Form 540NR.

Name(s) as shown on return

SSN or ITIN

Part I Unearned Income and Other Funds Received in 2007. See instructions.

SOURCE OF INCOME/FUNDS	AMOUNT	SOURCE OF INCOME/FUNDS	AMOUNT
•	•	•	•
•	•	•	•
•	•	•	•

Part II Persons or Organizations Who Provided the Care in California – You must complete this part. See instructions.

- 1** Enter the following information for each person or organization that provided care in California. (Only care provided in California qualifies for the credit).
If you need more space, attach a separate sheet.

	Provider	Provider
a. Care provider's name	•	•
b. Care provider's address (number, street, apt. no., city, state, and ZIP Code)	•	•
c. Care provider's telephone number	• ()	• ()
d. Is provider a person or organization?	<input type="checkbox"/> Person <input type="checkbox"/> Organization	<input type="checkbox"/> Person <input type="checkbox"/> Organization
e. Identification number (SSN or FEIN)	•	•
f. Address where care was provided (number, street, apt. no., city, state, and ZIP Code) PO Box not acceptable.		
g. Amount paid for care provided	•	•

Did you receive dependent care benefits? ▶▶▶▶▶ No Complete Part III below.
Yes Complete Part IV before Part III.

Part III Credit for Child and Dependent Care Expenses

- 2** Information about your **qualifying person(s)**. See instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number (SSN) (See instructions)	(c) Qualifying person's date of birth (DOB - mm/dd/yyyy) or if disabled	(d) Percentage of physical custody (See instructions)	(e) Qualified expenses you incurred and paid in 2007 for the qualifying person's care in California
First	Last				
•	•	•	• DOB: _____ • Disabled <input type="checkbox"/> Yes	•	•
•	•	•	• DOB: _____ • Disabled <input type="checkbox"/> Yes	•	•
•	•	•	• DOB: _____ • Disabled <input type="checkbox"/> Yes	•	•

3 Add the amounts in column (e) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more qualifying persons. If you completed Part IV, enter the amount from line 35	3	00
4 Enter YOUR earned income . See instructions	4	00
Nonresidents: Enter only your earned income from California sources . If you do not have earned income from California sources, stop , you do not qualify for the credit. Military servicemembers, see instructions. Part-year residents: Enter the total of (1) your earned income from California sources received while you were a nonresident and (2) all earned income received while you were a resident. Military servicemembers, see instructions.		
5 If married or an RDP filing a joint return, enter YOUR SPOUSE'S/RDP's earned income. (If your spouse/RDP was a student or was disabled, see the instructions.) If not filing a joint return, enter the amount from line 4	5	00
Nonresidents: Enter only your spouse's/RDP's earned income from California sources . If your spouse/RDP does not have earned income from California sources, stop , you do not qualify for the credit. Military servicemembers, see instructions. Part-year residents: Enter the total of (1) your spouse's/RDP's earned income from California sources received while he or she was a nonresident and (2) all earned income your spouse/RDP received while he or she was a resident. Military servicemembers, see instructions.		
6 Enter the smallest of line 3, line 4, or line 5.	6	00
7 Enter the decimal amount shown in the chart on page 4 of the instructions for line 7.	7	X. _____
8 Multiply line 6 by the decimal amount on line 7. Enter the amount here and on Form 540A, line 42; Form 540, line 42; or Long Form 540NR, line 49.	8	00
9 Enter the decimal amount listed in the chart on page 4 of the instructions for line 9.	9	X. _____
10 Multiply the amount on line 8 by the decimal amount on line 9.	10	00
11 Credit for prior year expenses paid in 2007. See instructions for line 11.	11	00
12 Add line 10 and line 11. Enter the amount here and on Form 540A, line 43; Form 540, line 43; or Long Form 540NR, line 50	12	00

Part IV Dependent Care Benefits

13	Enter the total amount of dependent care benefits you received for 2007. This amount should be shown in box 10 of your Form(s) W-2. Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2. Include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	13		00
14	Enter the amount, if any, you carried over from 2006 and used in 2007 during the grace period	14		00
15	Enter the amount, if any, you forfeited or carried forward to 2008.	15	(00)
16	Combine line 13 through line 15	16		00
17	Enter the total amount of qualified expenses incurred in 2007 for the care of the qualifying person(s) . See instructions.	17		00
18	Enter the smaller of line 16 or line 17	18		00
19	Enter YOUR earned income	19		00
20	If married or an RDP filing a joint return, enter YOUR SPOUSE'S/RDP's earned income (if your spouse/RDP was a student or was disabled, see the instructions for line 5); if married or an RDP filing a separate return, see the instructions for the amount to enter; all others , enter the amount from line 19.	20		00
21	Enter the smallest of line 18, line 19, or line 20.	21		00
22	Enter the amount from line 13 that you received from your sole proprietorship or partnership. If you did not receive any amounts, enter -0-	22		00
23	Subtract line 22 from line 16	23		00
24	Enter \$5,000 (\$2,500 if married or an RDP filing separately and you were required to enter your spouse's/RDP's earned income on line 20)	24		00
25	Deductible benefits. Enter the smallest of line 21, line 22, or line 24. Also, include this amount on the appropriate line(s) of your return.	25		00
26	Enter the smaller of line 21 or line 24	26		00
27	Enter the amount from line 25	27		00
28	Excluded benefits. Subtract line 27 from line 26. If zero or less, enter -0-	28		00
29	Taxable benefits. Subtract line 28 from line 23. If zero or less, enter -0-	29		00
30	Enter \$3,000 (\$6,000 if two or more qualifying persons)	30		00
31	Enter the amount from line 25 and line 28.	31		00
32	Subtract the amount on line 31 from the amount on line 30. If zero or less, stop . You do not qualify for the credit. Exception – If you paid 2006 expenses in 2007, see instructions for line 11	32		00
33	Complete Side 1, Part III, line 2. Add the amounts in column (e) and enter the total here	33		00
34	Enter the amount from your federal Form 2441, Part III, line 34	34		00
35	Enter the smaller of line 32, line 33, or line 34. Also, enter this amount on Side 1, line 3 on the front of this form and complete line 4 through line 12	35		00

Worksheet – Credit for 2006 Expenses Paid in 2007

1)	Enter your 2006 qualified expenses paid in 2006. If you did not claim the credit for these expenses on your 2006 return, get and complete a 2006 form FTB 3506 for these expenses. You may need to amend your 2006 return.	
2)	Enter your 2006 qualified expenses paid in 2007	
3)	Add the amounts on line 1 and line 2	
4)	Enter \$3,000 if care was for one qualifying person (\$6,000 for two or more)	
5)	Enter any dependent care benefits received for 2006 and excluded from your income (from line 24 of 2006 form FTB 3506).	
6)	Subtract amount on line 5 from amount on line 4 and enter the result	
7)	Compare your and your spouse's/RDP's earned income for 2006 and enter the smaller amount.	
8)	Compare the amounts on line 3, line 6, and line 7 and enter the smallest amount.	
9)	Enter the amount from your 2006 form FTB 3506, line 6	
10)	Subtract amount on line 9 from amount on line 8 and enter the result. If zero or less, stop here. You cannot increase your credit by any previous year's expenses	
11)	Enter your 2006 federal adjusted gross income (AGI) (from your 2006 Form 540, line 13; 540A, line 12b; or Long Form 540NR, line 13).	
12)	2006 federal AGI decimal amount (from 2006 form FTB 3506, instructions for line 7)	X
13)	Multiply line 10 by line 12	
14)	2006 California AGI decimal amount (from 2006 form FTB 3506, instructions for line 9)	X
15)	Multiply line 13 by line 14. Enter the result here and on line 11 of your 2007 form FTB 3506	